

Remarks to the Kansas Health Policy Authority Stakeholder Meeting

Kansas City, Kansas

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My name is Ellen Averett. I am here on behalf of the Kansas Public Health Association (KPHA) where I am board member and the chair of the Research and Evaluation section. I have a doctorate in clinical psychology and have over 25 years of practice experience in North Carolina, Missouri and Kansas. My practice sites have included public hospitals, private hospitals, community clinics, schools, managed care organizations and private practice. I've worked with many different populations including children, the indigent, the elderly, those with substance abuse problems and those with persistent and severe mental illnesses. I also have a Master's degree in health services administration from the University of Kansas School of Medicine where I am currently a Research Assistant Professor in the Department of Health Policy and Management. I teach graduate students in the Masters of Health Services Administration program, the Masters of Public Health program, and medical students. My research and consultation areas include program evaluation, health and risk communications, health-related behavioral change, working with the elderly, and quality improvement processes in healthcare organizations.

The Kansas Public Health Association is the primary unifying organization promoting improvement in the health of Kansans and in public health practice. We are the oldest public health organization in the state, our original charter

dating back to 1920. We are also the largest public health organization in the state with over 500 individuals and 100 organizations as members. KPHA is a multidisciplinary professional group whose members include public health practitioners, researchers, health services providers, administrators, and teachers.

In Kansas, public health services and its funding come from a conglomeration of federal, state, local and private sources. In addition to our state health department, KDHE, Kansas has 99 local health departments that are distributed among 105 counties. The public health workforce in Kansas is an extremely dedicated and hard-working group. Many of the most vulnerable among us—the uninsured, those with disabilities, pregnant women and children, the elderly—receive clinical and management services from public health agencies or with public health resources.

Despite our hard work and past successes, public health in Kansas faces a number of challenges as we look to the future. As in the rest of the country, the scope of public health in Kansas has greatly increased. I cannot stress this enough. While we once focused on traditional public health functions such as surveillance and epidemiology, community health assessment, health promotion and education, we now must have a much broader focus. In the post 9/11 world, public health plays a critical role in national and local security. Many in the public health workforce have trained extensively in how to respond to bioterrorism. We also now live in a world where microbes we once thought conquered are staging a comeback and becoming resistant to the most powerful drugs. We face new

and emerging disease such as SARS and West Nile virus. In our globally connected world, we must be prepared to respond to and manage pandemics including the extremely likely possibility of pandemic influenza. While the scope of public health has greatly increased, the resources and infrastructure to deal with the broader scope have not.

The public health workforce is insufficiently developed to deal with the challenges we are facing. Only a minority of public health workers nationwide, less than 20%, have formal training in public health. It is also estimated that anywhere from 20% to 50% of public health workers in the U.S. will be eligible to retire in 2007. As a state and as a nation, we are looking at increased public health responsibilities concurrently with an insufficiently trained, attriting work force. This is a problem.

Health departments in Kansas, as across the country, are extremely varied in structure and function. There is a saying among those studying public health services, "If you've seen one health department, you've seen one health department." Lack of standardization and inconsistent use of best practices are problematic.

Insufficient funding and funding instability was the most often cited concern in recent poll of KPHA board of members. As some areas become a higher priority for funding, others areas, often the more traditional yet still important ones may lose funding. It is extremely difficult to deploy, much less improve, programs when funding is unstable and subject to significant variation from year to year.

With public health resources being limited, it would make sense to assure that those resources are being used in the most effective and efficient manner possible. Yet too often, there is no money, or insufficient money to invest in finding out what practices work well, which could use some tweaking, and which should be abandoned. Ultimately insufficient public health research and evaluation costs us money.

We would like to see the health system in Kansas go in the direction of improving the public health infrastructure so that it can most effectively impact the health of Kansans. Specifically, we would like to see efforts towards:

--Workforce development. We would like to see a greater emphasis on workforce development with greater opportunities and incentives for public health workers to obtain certification or other public health credentials. We would like to see increased resources and opportunities for continuing education for the current public health workforce. Finally, given the expected attrition and turnover in the current workforce, it will be important to have a sufficient number of Kansas undergraduates majoring in public health and graduate students in public health programs to replace those who leave and to help grow the public health workforce.

--Accreditation and best practices. We would like to see continued progress towards accreditation for health departments. Health departments across the nation are looking towards accreditation. This may not be practical for some of our smaller, rural departments given their limited size. It has been suggested that they may be able to pursue regional accreditation in which some

of the smaller health departments would apply together for accreditation. In either case, we would like to see increased support for greater use of best practices and benchmarking for quality and performance improvement. This is feasible even with the smaller departments.

--Collaboration. We need to have more focused and efficient collaboration among the many agencies that provide public health services in Kansas. Given that our public health system is part federal, part state, part county, part city, and part private, it is critical that we collaborate and communicate as efficiently as possible. This may involve greater emphasis on interagency cooperation and communication. KPHA is currently working on the development and deployment of a "common language" which could help greatly in these efforts.

--Public health research and evaluation. We would like to see increased public health system research and program evaluation. Our public health resources are sufficiently limited that it is crucial we spend them as wisely as possible. We need evaluation data in order to do this. I would like to see us engage in process and outcomes evaluations of our programs so that we could find out what works best and how to improve our services.

--Funding stability. Obviously, we would like to see this increased. It is our hope that savings will be realized through infrastructure and workforce development as well as through the implementation of best practices and quality improvement efforts. It is also our hope that as the public becomes more aware of the importance of public health services in their lives, that funding for it will become a greater priority.

Thank you for the opportunity to offer testimony and to let you know of our concerns and priorities for the health of Kansans. I'd be happy to answer any questions you may have.